

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000035723

**Entity Name:** COALITION MEDICAL, INC.

**Current Principal Place of Business:**

9907 8TH STREET  
UNIT # 1267  
GOTHA, FL 34734

**FILED**  
**Jun 05, 2017**  
**Secretary of State**  
**CC2484574456**

**Current Mailing Address:**

9907 8TH STREET  
UNIT # 1267  
GOTHA, FL 34734 US

**FEI Number: 81-4809954**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RONZINO, ALEXANDER T  
9907 8TH STREET  
UNIT # 1267  
GOTHA, FL 34734 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            RONZINO, ALEXANDER T  
Address        9907 8TH STREET, UNIT # 1267  
City-State-Zip: GOTHA FL 34734

Title            VP  
Name            RONZINO, THOMAS A  
Address        9907 8TH STREET, UNIT # 1267  
City-State-Zip: GOTHA FL 34734

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS A. RONZINO**

**VP**

**06/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date